



INTERNATIONAL RESCUE COMMITTEE  
NIGERIA PROGRAM

Quarterly Report

PROVISION OF NFI AND EMERGENCY GBV AND WASH SERVICES TO IDPs AND HOST COMMUNITIES IN ADAMAWA  
STATE, NIGERIA  
(Contract No: AID-OFDA-A-14-00013)

Report dates: April 1, 2015 - June 26, 2015



PRESENTED TO:  
THE USAID OFFICE OF FOREIGN  
DISASTER ASSISTANCE

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## I. Executive Summary

PROGRAM TITLE: Provision of NFI and Emergency GBV and WASH Services to IDPs and Host Communities in Adamawa State, Nigeria

PROJECT NO: AID-OFDA-A-14-00013

AGENCY: International Rescue Committee (IRC)

COUNTRY: Nigeria

CAUSE: Insurgency in North Eastern Nigeria

REPORTING PERIOD: April 1, 2015 to June 26, 2015

GOAL: To provide safe and effective gender-based violence prevention and water, sanitation and hygiene services, and NFI distributions to internally displaced persons and families in Adamawa State, Nigeria.

### OBJECTIVES:

1. Appropriate quality health, psychosocial support, and safety services for survivors of GBV provide lifesaving services to survivors, which support their recovery, healing and dignity and allow them to rebuild their lives.
2. Women have increased access to and control of resources, thus reducing their vulnerability to GBV and SEA
3. GBV survivors receive timely appropriate and quality clinical treatment for consequences of sexual assault, including rape
4. Rapidly improved environmental health conditions in targeted villages

### BENEFICIARIES:

Total targeted: 62,000

IDP beneficiaries: 23,250

LOCATION: Adamawa State, Nigeria

DURATION: June 27, 2014 to June 26, 2016

## Introduction

During the reporting period, the Multi National Joint Task Force (MNJTF) was able to reclaim several Boko Haram strongholds while the country experienced a peaceful transition of power between Goodluck Jonathan and the new president Mohammed Buhari. This decreased volatility in the northeast fostered a more conducive environment for some IDPs to return to their areas of origin. Prior to returning, IDPs often sent a family member, usually women, on 'go and see' visits to their places of origin to assess the potential to return. Beginning in the first three weeks after the elections and continuing through the end of June, IDP figures dropped dramatically within the Yola area. The International Organization for Migration (IOM)'s Displacement Tracking Matrix (DTM) covering the states of Bauchi, Borno, Yobe, Adamawa, Taraba and Gombe, confirmed this drop. In Round II of the DTM (released February 2015), IDP figures in Adamawa state were projected at 220,195; in Round III (released April 2015), it counted 222,882 IDPs; and in Round IV (released June 2015), the IDP figures in Adamawa had decreased dramatically to 113,437 - amounting to a 49% decrease in the IDP population in Yola.<sup>1</sup>

As IDP returns from within Yola IDP settlements continued to increase, relevant stakeholders in Adamawa state, led by the NEMA, SEMA and UNOCHA, rallied service providers to conduct an intention to return survey that would help to guide decision-making for facilitating safe and dignified returns. Thereafter, UNHCR led a taskforce, which included the IRC, to conduct the survey from May 18<sup>th</sup> to 22<sup>nd</sup>, 2015. Data from the report released by UNHCR shows that 99% of IDPs living in camps expressed a willingness to move out of camps – 92% of which expressed a willingness to return to their places of habitual residence, while 7% were willing to return to other locations. Of those IDPs that had settled in host communities, only 30% were willing to return to their places of habitual residence.<sup>2</sup>

The table below summarizes the findings of the survey conducted on intention to return from the assessed IDP communities within Yola.

Type of settlement	Willing to move to area of origin	Willing to move to other location	Undecided	Not willing
Camp	92% (266 HH)	7% (21 HH)	1% (4 HH)	0% (0 HH)
Village	30% (76)	54% (134 HH)	1% (2HH)	15% (38 HH)
Host community	79% (928)	6% (74 HH)	8% (99 HH)	7% (83 HH)

Five out of the seven conflict-affected Local Government Areas (LGAs) of Adamawa state (Michika, Madagali, Maiha, Hong, Gombi, Mubi North, Mubi South) saw a gradual increase in the number of people returning home, mostly from within Yola city. The populations returned to five areas, including Mubi South, Mubi North, Maiha, Hong and Gombi. Two LGAs, Madagali and Michika are still declared unsafe for return due to their proximity to the Sambisa forest, which remains a stronghold of Boko Haram insurgents, and has the added risk of triggering unexploded Improvised Explosive Devices, which have been scattered throughout these two LGAs.

<sup>1</sup> [http://nigeria.iom.int/sites/default/files/dtm/01\\_IOM%20DTM%20Nigeria\\_Round%20IV%20Report\\_20150630.pdf](http://nigeria.iom.int/sites/default/files/dtm/01_IOM%20DTM%20Nigeria_Round%20IV%20Report_20150630.pdf)

<sup>2</sup> Adamawa Intention Return Survey May 2015, Page 3

To better understand the priority needs of the people in areas of return, the IRC conducted a rapid assessment in the LGAs of Mubi South, Mubi North, Hong and Maiha from June 3<sup>rd</sup> to 6<sup>th</sup>, 2015. This multi-sectoral assessment looked at food security and livelihoods; health and nutrition; environmental health; education; child protection; and women's and general protection. According to this assessment, approximately 80% of the people in those areas had returned from displacement and were in the early stages of trying to re-establish a sense of normalcy in their respective communities.

Key findings from the WASH sector results demonstrate that access to water sources is a huge challenge for the populations assessed: 70% of the respondents noted that on average it takes one to two hours to access the closest water point. The most commonly utilized water sources are hand pumps, hand dug wells (protected and unprotected), streams and seasonal water ponds. Many of these water sources are overwhelmed by huge numbers of users and many are said to be in poor condition. Some households have resorted to buying water for household use, where a 20 liter jerry-can costs 100 Naira (0.51 cents), representing almost 10% of the average weekly income for households (1,032 NGN).

The assessment noted that while some housing infrastructure was still standing, individual shelters had visible bullet holes, a result of sporadic gunfire from the main roads, especially in Hong LGA. Around 371 shelters in this LGA were believed to have been destroyed.

Access to basic NFIs, including, water containers, household utensils, soap, blankets, mosquito nets and sleeping mats, among others, were listed as a priority need for the respondents. Most respondents said they lost many of their possessions when they fled, and some houses were looted while they were displaced. Given the other urgent needs of those returning, many IDPs have not replaced these essential NFIs.

In all four LGAs, the priority needs cited by the women and girls include, more support for educational opportunities for themselves and their children, skills acquisition and economic empowerment.

The women's and girls' groups reported a lack of economic activities in the assessment areas, mentioning that apart from household chores, they are largely unproductive. These groups blame the crisis for reducing their ability to generate income and provide for their household as in the past, adding that this has had a negative impact on how their heads of households relate to them.

Though many of the women and girls that participated in the focus group discussions indicated that their lives were better before the crisis, it was clear that many risks and challenges they currently face predated the crisis. Even before the conflict, women and girls described being denied opportunities to engage in economic activities and go to school. Some reported being forced into early marriages, and many have endured domestic violence. These groups requested psychosocial support, indicating that many of them endure abusive marriages and also lack a support structure.

## **II. Summary of Activities**

Northern Adamawa State<sup>3</sup>; Hong, Maiha, Mubi North and Mubi South, Michika and Madagali Local Government Areas (LGAs)

Type Disaster: Insurgency in northeastern Nigeria

Total Number of Beneficiaries: 62,000

Intervention Month(s): April – June 2015

In the fourth quarter of this project, the IRC continued working with health facilities in the IDP camps and its partners Goggoji Zumunchi Development Initiative (GZDI) and Center for Caring Empowerment and Peace Initiative (CCEPI) to provide appropriate quality health, psychosocial support and safety services for survivors of GBV. Additionally, through sensitizations and the formation and training of WASH committees, IRC activities persisted in improving the hygiene and sanitation conditions in 8 camps and 95 host communities where conflict-affected IDPs currently reside.

In order to address weaknesses in provision of GBV services, the IRC held Clinical Care for Sexual Assault Survivors for 10 camp health care staff, conducted 15 GBV awareness raising sessions in 5 camps and 1 host community, and distributed dignity kits and household kits to women who were head of households, survivors of GBV, or an adolescent head of the household. The IRC continued to support provision of health care services for GBV survivors in IDPs camps through facilitating referrals between health facilities in IDP camps and the Federal Medical Centre (FMC). By negotiating a MoU with the Federal Medical Centre (FMC), the IRC was able to further strengthen GBV survivors' access to appropriate, quality and timely health care. The IRC also established 10 Village Savings and Loan Associations (VLSAs) this quarter in partnership with three local NGOs, and held skills building activities for 276 women to increase the women's access to and control of resources.

In order to implement emergency Water, Sanitation and Hygiene interventions to improve environmental health conditions in Q4, the IRC led hygiene and sanitation sensitization in 8 IDPs camps and 96 host communities within Fufere, Girei, Yola North and Yola South LGAs. Additionally, IRC helped form 96 WASH/Water user Committees, and trained 73 of these committees before the end of Q4. 64 trained WASH/Water user committees conducted 97 vector control/solid waste disposal activities within their community and rehabilitated 13 hand pump boreholes in 13 communities within Fufere and Girei LGA. The IRC also held 49 area cleaning campaigns in the 8 IDPs camps and provided camp officials and IDPs with communal sanitation and hygiene materials, including, wheelbarrows, rakes, shovels, waste disposal bins, brooms, disinfectants and detergents. Finally, IRC distributed life-saving NFI kits, such as Water Storage, Hygiene and Sanitation Kits, to 2,920 and 1,600 IDP households in Yola and in the returnee areas of Northern Adamawa.

**Objective 1.** *Appropriate quality health, psychosocial support, and safety services for survivors of GBV provide life-saving services to survivors, which support their recovery, healing and dignity and allow them to rebuild their lives*

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<sup>3</sup> These are the original proposed areas of intervention in the project: however, the targeted areas have since changed after Mubi was overrun by Boko Haram in November 2014, thus these activities were relocated to the central part of Adamawa state to be able to extend assistance to the displaced in all official and non-official camps as well as host communities.

During the reporting period, the IRC approached the FMC to negotiate a MoU with the purpose of facilitating GBV survivors' access to appropriate, quality and timely health care. The IRC established the final MoU in the month of June, which will be signed by both partners in July. With the aid of the MoU, an increased level of coordination will serve to improve the quality of care and timeliness of response to GBV survivors.

The IRC conducted a four-day training on clinical care for sexual assault survivors for 10 (7 female and 3 male) camp clinic health staff. The training equipped camp health workers with the knowledge and skills necessary to enable them to provide appropriate, quality and timely health services for survivors. The average score in pre-test was 16.1% and the average score in post-test was 49%.

In addition, a case management training was conducted for 14 case workers, including IRC staff, partners' staff, and volunteers. This training covered the case management process, including use of GBV case documentation forms, referral guidelines, and provision of psychosocial care. The average pre-test score was 27.14% and the post-test score was 60%.

Table 1. Trainings conducted

No.	Date	Target	Sex		Average scores	
			Female	Male	Pre-Test	Post-Test
1	May 26 – 28, 2015	Case Workers	14	0	<30%	60%
2	June 9 – 12, 2015	Camp Health workers	7	3	<20%	49%
	<b>TOTAL</b>		<b>21</b>	<b>3</b>		

In addition to individual counseling, IRC and partner staff engaged women and girls in skills building activities. These women and girls not only gained access to a peer support system - through interacting with the other women that participated in the activities, but also increased their ability to generate income – as they acquired profitable skills (like crocheting and knitting). The IRC selected participants for these activities based on their demonstrated interest and status as a single head of household or an adolescent girl, including unaccompanied girls. The IRC provided materials and the women with knowledge of the skills train the others.

Table 2. No. of beneficiaries engaged in psychosocial activities

No.	Camp	Skills Building Activities		Number of women per site
		Knitting	Crocheting	
1	Malkohi	10	22	32
2.	NYSC	10	33	43
3.	Deeper Life	16	8	24
4.	St. Theresa	12	46	58
	<b>Total</b>	<b>48</b>	<b>109</b>	<b>157</b>

## Objective 2.

*Women have increased access to and control of resources, thus reducing their vulnerability to GBV and SEA*

During Q4, the IRC led sessions on skills such as knitting and crocheting for women and adolescent girls in order to increase their access to income generating opportunities. The women have not started selling the items, as they are still in the process of making them, but they have expressed their intention to sell the finished products.

Beginning in Q4 (April 2015), the IRC, in partnership with Goggoji Zumunchi Development Initiative (GZDI), Center for Caring Empowerment and Peace Initiative (CCEPI) and Center for Women and Adolescent Empowerment (CWAE), established 10 Village Savings and Loan Associations (VSLAs). The IRC conducted a two-day training on the formation and management of the VSLAs, and at the end of each training, participants chose the name of their groups, developed their constitutions, and elected the VSLA group executives through group nomination and voting. Group executives then made decisions about the processes for savings and loans and social funds. The IRC provided each group with: membership books, 1 ledger, ID Cards, 2 bowls for the collection of fines and contributions, 2 money bags for contributions and social fund, 2 rulers, 4 pens and a metal box with 3 pad locks for storing money and materials.

The VSLA groups established through this program are still in their beginning stages, but have already been embraced by the women participating in these groups. The women have reported that they appreciate the way the groups enable them to create opportunities and spaces where they can store their money, and through which they can easily access a loan, with little or no interest rate, to meet their daily needs. Some women expressed that they use the loan funds to engage in micro income generating activities, like selling of food and other basic items used in the communities. The VSLAs have not only created sources of income, but have also enhanced social cohesion among the women and their communities through the social fund. See Table 3 below.

Table 3 No. of VSLA formed.

No.	Date formed	Name of Association	Location	No. of participants	Chairperson
1	11/5/2015	Alheri Women Association	Damilu, Yola North LGA	25	Zainab Zubairu
2	15/5/2015	Kautal Hore Reube Association	Yola, Yola South LGA	25	Hadiza Sanusi
3	21/5/2015	Tatali Women Association	Limawa, Yola North LGA	25	Haj Jumai Musa
4	4/6/2015	Salama Women Association	Sangere Futy, Geri LGA	25	Hauwa Buba
5	8/6/2015	Unity Women Association	Anguwan Abuja, Geri 2 LGA	25	Esther Danladi
6	18/6/2015	Rahama Women Association	Limawa, Yola North LGA	25	Aishatu Mohamed
7	20/6/2015	Nasarawa Women's Association	Goneri Damare, Geri LGA	25	Zainab Muazu
8	23/6/2015	Adalchi Women Association	Goneri , Damare, Geri LGA	25	Lydia Ezekiel
9	29/6/2015	Himma Women Association	Yola, South Shagari Sabon Pegi	25	Rukaiya Aliyu

10	3/7/2015	Zumunci women Association	Sharagiri Sabon Pegi, Yola South	25	Angelina Emmanuel
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In collaboration with partners, GZDI, CCEPI and CWAE, the IRC distributed dignity kits<sup>4</sup> to 630 women and adolescent girls. These women include those that were released from the Sambisa forest, GBV survivors, adolescent girls and adolescent girls with children. The project staff also distributed 341 household kits<sup>5</sup> to 341 women and unaccompanied adolescent girls. The recipients of these kits were women who were head of households, survivors of GBV, or an adolescent head of the household.

Distribution of kits per location (March – June 2015).

No.	Camp	Dignity kit	Household kit
1	Malkohi	84	42
2	Deeper Life	20	11
3	St. Theresa	48	0
4	ENY	21	0
5	Geri 1	41	32
6	Geri 2	17	38
7	NYSC	74	1
8	Runde Host community	2	0
9	Retunees in Hospital	18	1
10	Demsawo	4	0
11	Mubi	301	216
	<b>Total</b>	<b>630</b>	<b>341</b>

**Objective 3.** *GBV survivors receive timely appropriate and quality clinical treatment for consequences of sexual assault, including rape*

A global aim for the IRC is to ensure that GBV survivors receive timely and appropriate care. To help meet this goal, a training of trainers for clinical care for sexual assault survivors (CCSAS) was conducted in Nairobi for IRC staff from May 10<sup>th</sup> to 16<sup>th</sup>, 2015, and two IRC Nigeria health clinical officers and a member of the GBV Response staff participated in this week-long training.

The staff that attended this training were then able to conduct subsequent training for camp health staff from June 9<sup>th</sup> to 12<sup>th</sup>, 2015. 10 health care staff (7 female and 3 male) representing St. Theresa IDP Camp Clinic, Malkohi camp clinic, NYSC Camp clinic, and Girei I and II camp attended the training. This training included sessions aiming to increase the staff's capacity to provide appropriate, quality and timely treatment for survivors of sexual violence.

The IRC also held a three-day case management training for IRC and partners' appointed case workers, with a total of 14 participants attending. The training helped the participants gain knowledge and skills in improving the healing process and wellbeing of sexual violence survivors.

<sup>4</sup> Dignity kits included: a bag, 1 sarong, 1 pair of slippers, 2 undergarments, 1 toothbrush and a tube of toothpaste, 2 packets of sanitary pads, 1 shaving stick, 1 tub of vaseline, 1 towel and a hair comb

<sup>5</sup> Household kits included: 1 set of cooking pots, 1 plate, 1 drinking cup and 1 set of bed sheets. The distribution of these materials helped



The signing of the MoU with FMC has also improved service delivery. The FMC will now be able to take the lead on disseminating information on GBV service provision to other state hospitals and peripheral health units (PHU) in Yola and Mubi.

#### Trainings Held:

No.	Date	Target	Sex		Average scores	
			Female	Male	Pre-Test	Post-Test
1	May 26 – 28, 2015	Case Workers	14	0	<30%	60%
2	June 9 – 12, 2015	Camp Health workers	7	3	<20%	49%

IRC conducted awareness raising sessions on GBV and its consequences, guiding principles of response and services available with mother-to-mother support groups, women's action groups and adolescent girls in Malkohi camp, NYSC, Girei 1 and 2, St. Theresa, Deeper Life camps and Daware host community. A total of 339 women, adolescent girls, and members of mother-to-mother support groups participated in the sessions.

During this quarter, a total of 18 GBV cases were reported. Of these, 5 were forced marriages and 13 were rape cases. Out of the 13 rape cases, 4 cases were reported within 120 hours and therefore were able to receive the Post Exposure Prophylaxis (PEP) and Emergency Contraceptive Pills (ECP). Case workers then conducted follow-up visits to each survivor. The other 9 cases occurred while the women were in the Sambisa forest. Though the incidents occurred beyond 120 hours before being reported, the survivors were examined and treated by the health staff. There was a significant increase in the number of reported cases from Q3 to Q4, with 85.71% more cases reported in Q4 than in Q3. The table below summarizes the cases reported this quarter. Looking at cases totals, rape is reported more than any other abuse.

Table 4. No. of cases reported services received (January to June 2015)

Month	No. of cases	Rape	Forced Marriage	Medical treatment within 120hours	Medical treatment after 120	Psychosocial support
Jan	0	0	0	0	0	0
Feb	1	1	0	0	1	1
March	2	1	1	0	2	2
April	10	6	4	0	10	10
May	4	4	0	0	4	4
June	4	3	1	4	0	4
Total	21	15	6	4	17	21

#### **Objective 4.** *Rapidly improved environmental health conditions in targeted villages*

During the fourth quarter of this program, the IRC continued to implement an emergency Water, Sanitation and Hygiene (WASH) intervention to rapidly improve environmental health conditions in targeted villages/communities and IDP Settlements of Girei, Fufore, Yola North and Yola South LGAs. In these locations, the IRC has accomplished the following:

The IRC conducted hygiene and sanitation sensitizations in eight IDP camps and 96 host communities within Fufure, Girei, Yola North and Yola South LGAs. The IDP camps reached were NYSC, Girei 1, Girei 2, EYN church Viniklag, Deeper life konar waya, Nyako Estate konar waya, Malakwai and Saint Theresa Catholic Church. The IRC reached a total of 55,183 (36,774 female and 18,409 male) with key hygiene messages; 9,804 persons (6,667 female and 3,137 male) in eight camps and 45,379 persons (30,107 female and 15,272 male) in 96 communities. The key hygiene messages focused on critical times for hand washing, safe solid waste disposal, safe water treatment and personal hygiene.

The IRC conducted 49 area cleaning campaigns eight IDP camps of NYSC, Girei 1, Girei 2, EYN Church viniklag, Deeper life konar waya, Nyako Estate Konar waya, Malakwai and Saint Theresa Catholic Church. The campaigns reached a total of 9,804 persons (6,667 female and 3,137 Male). The IRC provided camp officials and IDPs with communal sanitation and hygiene materials such as, wheel barrows, rakes, shovel waste disposal bins, brooms, disinfectant and detergents.

During Q4, 64 of the 73 WASH committees trained were able to carry out 97 vector control and solid waste disposal activities, such as digging of pits for incineration of communal solid waste disposal and clearing of waste water drainage channels.

The IRC rehabilitated 13 hand pump boreholes in 13 communities within Fufure and Girei. The community leaders/WASH committees trained in these communities nominated 4 volunteer artisans who were then trained and equipped with pump repair tools. These artisans have the responsibility to maintain and repair damaged boreholes within the communities.

The IRC formed 96 WASH/water users committees (584 members – 112 female and 472 male) in April and May 2015, and trained 73 of them in May and June 2015. A total of 498 people attempted the pre-test, as some members were late to the training, and of those, 320 scored an average of 48%. By the end of the training, 569 participants scored over 73% on the post-test. The committees were trained on community vector control activities, community waste disposal system, community Hygiene/sanitation, and community management of water and sanitation facilities. Through the training, the WASH committees developed an action plan and were equipped with sanitation materials such as, wheel barrow, pick axe, shovel, rakes, brooms and waste disposal bins.

The IRC distributed water storage kits<sup>6</sup> to 2,920 targeted households in the following camps and settlements: EYN church camp, Jambutu community, Vinikilag community, Daware community, Maiha Ngule, Malakoi, Damsawao, Kollere, Mubi, Nasarawo, Vintim, Mararaba, Uba, Hong, Muchalla. The IRC provided these kits to IDPs still residing within Yola, as well as to those leaving to return to their places of origin during the months of April to June. IRC staff also distributed hygiene and sanitation kits<sup>7</sup> to 1,600 displaced households, including IDPs still residing within Yola and others returning to their places of origin.

### **III. Indicator Tracking**

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<sup>6</sup> Water storage kits include: 2 10-liter plastic jerry cans, 2 cups and 2 plastic kettles/jugs

<sup>7</sup> Hygiene and Sanitation Kits Include: 1 plastic mat, 1 blanket, 10 bars of soap and a plastic plate

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q4	Cumulative	Remark
<b>Protection</b>	<b>Prevention and Response to Gender-based Violence</b>				
Number of individuals benefiting from GBV services (sex disaggregate)	Persons	1,500	423	1,728	Targeted participants in GBV awareness sessions included: 398 in Q1, 907 in Q2, 398 in Q3 and 423 in Q4.
Number of people trained in GBV prevention or response from health facilities and partner org.	Persons	75	24	142	In Q2, a training on GBV and its consequences was conducted for 20 participants. In Q3, 5 trainings were conducted with a total of 98 participants on GBV and its consequences and clinical care for sexual assault survivors, while in Q4, 2 trainings with a total of 24 participants on case management and clinical care for sexual assault survivors were conducted.
Percentage of people in Mother's Groups reporting improvement in their ability to cope at the end of the program	Persons	75%	100%	100%	Since the inception of the project, 85 groups have been formed, each with a total of 10 women. (26 groups in Mubi and 59 in Yola). The progress in the tracker reflects the total of groups (women) formed and reporting the ability to cope. This number will be reported again at the end of the project period now that the grant has been extended to June 2016. The groups formed in Mubi were unable to be well monitored since October 2014, but plans are underway to re-activate them once IRC has donor approval to re-extend activities to Mubi, now that there is relative calm in the area.
Partner organizations use a basic case management system with client intake forms, case	groups	100%	33.3%	33.3%	Progress is low due to some staff turnover of partners during the project period, and not renewing a partnership. GZDI was largely concerned with formation and training of the 10 VSLA groups,

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q4	Cumulative	Remark
documentation and consent forms that are accurately used and securely stored					while CCEPI experienced significant turnover and the new staff have not yet been trained in the case management forms. They did begin documenting cases using the intake and assessment form during the reporting period.
Percent of presenting survivors who have access to case management services, including referrals, in line with their needs and wishes	persons	75%	100%	100%	18 cases were documented during quarter four: the IRC case worker worked with the survivors to access appropriate services like clinical, psychosocial and material support. All the documented survivors adhered to the referral points to maximize assistance received.
Percent of GBV caseworkers trained and practicing to minimum quality standards, including provision of psychosocial care	persons	80%	85%	85%	14 case workers were trained, 12 were able to demonstrate practicing minimum quality standards including provision of psychosocial care.
Percent of women in mothers' groups can identify GBV services in their communities	persons	75%	80%	80%	At least 680 of the 850 women in the Mother to Mother Support Groups were able to identify services in their respective communities. They were able to know this through the information sessions they had on GBV, its consequences and services available. Through discussions held among these groups, 80% of the total group members were able to identify GBV cases and where to report. Though cultural barriers are still holding many of the women back, the engagement of women groups to build support systems is contributing to women opening up gradually about GBV.
<b>Economic Recovery &amp; Market Systems</b>			<b>Microfinance</b>		

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q4	Cumulative	Remark
% of financial service accounts or groups supported by USAID/OFDA that are functioning properly	Group Accounts	100%	100%	100%	In Q4, the persistent VSLA formation meetings with community leaders and women proved to be successful, as following the general elections, women decided to have the VSLA groups formed. There are now 10 groups, each with 25 women, and all are functioning actively.
Number of women involved in 10 VSLA mixed groups	Persons	200	225	225	The 10 VSLA groups are all women. 9 of the groups are mixed-faith, while 1 group is exclusively women of Islam faith.
<b>Health</b>	<b>Reproductive Health</b>				
Cases of SV treated	Persons	1,250	18	21	18 cases were reported in Q4, 5 of which were forced marriage and 13 sexual violence. All of these were treated based on their needs
#MCH health facilities stocked with appropriate equipment and medicine	Facilities	15	20	20	This activity has been slow due to the health staff strike, which has been ongoing since December 2014. However, with the resumption of the health staff mid-June 2015, 20 health facilities were stocked with appropriate equipment and medicine.
% Sexual assault survivors reporting within 120 hours, receive PEP and ECP	Persons	75%	22%	22%	From Q1 through Q3, no single case was received within 120hrs: However, in Q4, out of the 18 cases reported only 4 were reported within 120 hours and they all received PEP and ECP.
% trained staff demonstrating quality practice skills in response to survivors in post-training practicum	Persons	80%	20%	64%	In Q3, 29 health staff were trained (23 female and 6 male). Out of the 29 trainees, 23 scored above 60% and 6 scored less than 60% with an average score of 56% in post-test. In Q4, 10 camp health staff were trained, the average pre-test score was less than 20% and the

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q4	Cumulative	Remark
					post-test average score was 49%. 2 of the trainees scored over 60%. The IRC intends to continue the trainings for health staff to improve on their knowledge understanding of how to treat GBV Survivors.
<b>Water, Sanitation, and Hygiene</b>			<b>Environmental Health</b>		
Number of people benefiting from solid waste management, drainage, and/or vector control activities	Persons	62,000	44,276	87,719	Target for this activity was exceeded by 25,737 by the end of Q4. The total reached in Q4 of 44,276 added to the cumulative of 43,443 that was reached from Q1 through Q3. The surpassing of the target was realized through the efforts of the 96 WASH committees that were established. Of the 96 committees established in Q4, 73 committees completed training to carry out environmental health activities; such as monthly area cleaning, digging of pits for waste disposals and the maintenance and operation of rehabilitated boreholes in their communities.
Number of people targeted by environmental health program	Persons	62,000	44,276	87,719	Same as above
Number of communities targeted by the environmental health program	Committees	162	96	116	There was an increase in the number of committees formed during Q4 , due to the increased sense of stability observed compared to Q2 and Q3 periods, where there were phases of evacuation from original project areas to implementing emergency-like activities, which left little time to form and train the required committees.
Number of vector control activities conducted	Activities	162	64	84	64 vector control activities were conducted in the fourth quarter of the project.

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q4	Cumulative	Remark
<b>Water, Sanitation, and Hygiene</b>				<b>Hygiene Promotion</b>	
Number of people receiving direct hygiene promotion	Persons	62,000	55,183	99,372	In Q4, 9,804 persons received direct hygiene messages in the 8 IDP camp and 45,379 (55,183 persons total were reached before the end of Q4) through 150 trained community volunteers and 584 WASH/Water user community volunteers. We would like to note here that our Q3 numbers may have been reported inaccurately. Following are the correct numbers: Q1; 9,603, Q2; 31,233; Q3; 3,353.
Number of people interviewed during household visits	Persons	384	0	390	During Q4, no activity was undertaken related to this indicator, as the high levels of IDP movement throughout the state made it difficult to measure IDP households.
% of respondents who know 3 of 5 critical times to wash hands	Persons	20% above baseline	0	0	This activity was not undertaken during the reporting period and will be picked up again starting in August 2015.
Number of village water user committees created/trained	Committees	162	73	88	While 96 committees were created during the fourth quarter, only 73 were trained.
Number of women and men trained to be on water user committees	Persons	567 women, 567 men	112 women, 472 men	172 women, 532 male	A total of 172 women and 532 male were trained to constitute the 73 WASH/water user committees. Mobilization of an adequate number of women was a challenge due to cultural reasons. Women in the communities where this project is being implemented do not freely participate in communal activities as they are largely confined to their homes.
Number of village water committees active at least 3 months after training	Committees	138	73	73	This indicator will be best gauged in the subsequent quarter given that all 73

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q4	Cumulative	Remark
					committees were trained during the fourth quarter.
<b>Water, Sanitation, and Hygiene</b>				<b>Water Supply Infrastructure</b>	
Number of people benefiting directly from the water supply infrastructure program	Persons	62,000	12,150	30,875	12,150 persons benefited from water supply infrastructure activities such rehabilitation of broken down pumps during the fourth quarter
Number of water points developed, repaired or rehabilitated	Water Points	162	13	32	13 broken boreholes were rehabilitated in Q4, with others planned to be rehabilitated in the next quarter.
Number fecal coliform bacteriological tests conducted	Tests	162	13	13	Low progress is measured against this indicator as the required kit that was procured internationally was delayed in its delivery and only came a few weeks before the end of the fourth quarter.
Number of test results with 0 fecal coliforms per 100ml sample	Tests	130	12	12	Low progress is measured against this indicator as the required kit that was procured internationally was delayed in its delivery and only came a few weeks before the end of the fourth quarter.
Number of households targeted by the water supply infrastructure	Households	8,857	1,723	4,421	These households were from different communities including, host communities, IDP formal camps and camp-like settings within Yola.
Number of households visited	Households	384	0	390	No intervention was undertaken directly related to this indicator during the reporting period, as it was difficult to obtain data from individuals about water usage due to constant movement of the IDPs between different areas.
Number of households collecting all water for drinking, cooking and hygiene from	Households	6,200	1,930	4,438	This indicator is on track.



Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q4	Cumulative	Remark
improved water points					

#### IV. Constraints and challenges

The prolonged strike by government health workers contesting delayed salary payments from December 2014 to mid-June 2015 in Adamawa state presented a challenge to this program as it delayed implementation of project activities. Due to the strikes, some health centers remained closed for the majority of the first quarter, blocking the delivery of drugs and medical equipment to these health facilities. IRC case workers therefore referred all cases from the camps to the FMC and the German hospital until after the strike was resolved.

In the aftermath of the elections and due to military action by the MJTF, beneficiaries began returning to their places of origin. While the returns are a positive indicator for the status of the IDPs in Nigeria, for the IDPs targeted by this project, it meant that the physical contact between the IRC staff and the beneficiaries trained and capacitated as community focal points was cut short. By the end of June, the IRC had yet to receive a formal approval to alter this project to target returnees.

The constant fluctuation of the value of the Naira continued to complicate procurement for this project, as unit prices for goods varied drastically throughout Q4. These fluctuations slowed procurement processes, as original quotations from suppliers would no longer be accurate once the process reached the point of acquisition. Supply Chain operators have developed a range within which variance in prices is acceptable, but anything outside of that threshold required that the procurement procedures be redone.

The lack of national level guidelines or protocol for treating sexual assault survivors has been an impediment to attaining a holistic response and treatment for survivors of sexual violence. In Q4, the IRC developed a MoU with the FMC regarding the provision of services for survivors of GBV. One of the issues included in the MoU was developing guidelines for treatment of sexual assault survivors, and the IRC will continue to advocate for progress on this issue in the remaining time left in the program.

Access gained into Mubi and surrounding LGAs in May and June 2015 revealed the current situation in those areas of operation. The IRC teams learned from the assessments conducted that the LGAs formerly directly affected by Boko Haram activities which led to massive displacements into other areas within neighboring states and into Cameroun, are steadily returning to normalcy. Returnees have concentrated on traveling to their original homes and re-establishing a sense of routine, which includes doing productive daily activities and rebuilding their lives. However, they need support in this journey. Many livelihoods opportunities in these areas were destroyed and though this population is attempting to make use of the rainy season that began in May 2015, the returnees lack the necessary farming implements and seeds. Similarly, schools have remained shut and teachers have yet to fully return; healthcare systems are still weak; water sources are destroyed; and market structures are yet to recover.

Therefore, a holistic approach to support for the returnees is required, necessitating the engagement of efforts and resources from different service providers. As this project was modified to support the emergency intervention following the displacements into Yola, a similar shift of geography will need to be undertaken for the second phase of the project that will start June 27<sup>th</sup>, 2015 of the extension period, in order to best support the returnees.

## **V. Activities for Year 2, Quarter 1 (July – September 2015)**

*In the second phase of this project, the IRC will not renew its subgrant partnership with CWAE, due to its low capacity to continue working on this project.*

### **EH/WASH:**

- Identification/Training of Community Borehole Mechanic
- Rehabilitation of Hand Pump (Manual) and Motorized Pump
- Community Hygiene and Sanitation Sensitizations
- Creation and Training of WASH/Water users committees
- Area cleaning campaigns
- Start water quality monitoring and Mentoring of WASH Committees
- Distribution of NFI kits
- Conduct Hygiene Survey in return area in the north of Adamawa

### **GBV:**

- Hiring of M&E Officer, case worker, Community mobilizer and Community Trainer
- Carrying out GBV awareness campaigns
- Carrying out GBV Assessment
- Psychosocial support activities will be conducted along with psychosocial care training
- Confidential spaces establishment
- Case Management and CCSAS Training for medical staff
- Support CMR/Case management through health centers and safe spaces
- Provision of survivors materials in safe spaces and health centers
- Discussion group materials(awareness raising)
- Support for referrals (case management)
- Pharmaceutical purchases
- Distribution of NFIs such as household kits and dignity kits
- Partner capacity building
- VSLA group formations

## **Project photo gallery**



*Photo 1, Targeted community members receiving communal Sanitation and Hygiene material and photo 2, an assortment of WASH NFI kits ready for distribution to Vulnerable IDPs Household*